

<div style="font-size: 2em; float: left; margin-right: 10px;">D</div> CLAIMS ONLY							Application Number <div style="font-size: 1.5em; font-family: cursive;">89/909417</div>		Filing Date				
CLAIMS							* May be used for additional claims or amendments						
#	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		#	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1							51						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	1						Total Indep						
Total Depend	18						Total Depend						
Total Claims	19						Total Claims						